

APPLICATION FOR USE OF PORTABLE HYDRANT METER
City of Santa Clara Water & Sewer Utilities
Phone:(408) 615-2000, email: Water@santaclaraca.gov



City of
Santa Clara

Name: _____ Company: _____

Address: _____ City, State, Zip: _____

Work Location: _____ Site Contact: _____
(if various locations, please attach map) (please provide cell)

Do you have a Santa Clara Business License?: ☐ Yes ☐ No License #: _____

Are you a sub-contractor?: ☐ Yes ☐ No If yes, list general contractor with whom you are working: _____

Signature

PLEASE PRINT NAME

** By signing this application, I acknowledge receipt of a copy of the "Water from Fire Hydrants" and acceptance of the conditions therein. I further acknowledge that I will be required to return the meter for inspection on an annual basis to the address below. Please note that any refunds will be issued to the responsible party for the account of record.

Portable hydrant meter must be returned to the Water Department at 1705 Martin Avenue upon completion of work stated above.

ISSUED

RECEIVED

DATE _____

DATE _____

OUT READ _____

IN READ _____

<u>QUANTITY</u>	<u>CONDITION</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>CONDITION</u>
_____	<u>GOOD</u>	METER SERIAL # _____	_____	<u>GOOD/DAMAGED</u>
_____	<u>GOOD</u>	BACKFLOW # _____	_____	<u>GOOD/DAMAGED</u>
_____	<u>GOOD</u>	ADJUSTABLE HYDRANT WRENCH (\$25.00)	_____	<u>GOOD/DAMAGED</u>

EXCHANGED FOR METER # _____ READING _____ BACKFLOW # _____ DATE _____

EXCHANGED FOR METER # _____ READING _____ BACKFLOW # _____ DATE _____

DAMAGED/MISSING PARTS **COST**

ISSUED BY _____

RECEIVED BY _____

ACCEPTED BY _____

RETURNED BY _____

FOR CASHIER'S USE ONLY:

AMOUNT OF DEPOSIT: \$1509.00

Receipt # _____ Date: _____ Cashier's Initials: _____

Transferred Date: _____ Customer #: _____